Families as Partners in Preventing Crisis

By K. Ron-Li Liaw, Juliette Schlucter, Lea Devins, Yasir Al-Qaqa, & Fiona H. Levy

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#27FORUM

DISCLOSURES

• None of the speakers have anything to disclose
SESSION OBJECTIVES

• Identify key elements needed to create an engaging, effective crisis prevention staff training and mirrored family toolkit
• Develop strategies to integrate patients and families as partners at each stage of improvement work

WHO WE ARE

• K. Ron-Li Liaw, MD – Director, Center for Child and Family Resilience & Director, Pediatric Psychiatry CL Service
• Juliette Schlucter – Director, Center for Child and Family Experience
• Lea Devins RN, MSN – Nurse Manager, Pediatric ICU
• Yasir Al-Qaqaa, MD – Medical Director, Pediatric ICU
• Fiona Levy, MD – Executive Director, Sala Institute for Child and Family-Centered Care & Vice Chair of Pediatrics
SESSION OUTLINE

• Introduction and Case Study Discussion
• National Call to Action
• Commitment to a Culture of Partnership
• Engaging Families as Partners in Crisis Prevention Education
• Crisis Prevention Training in Action
• Program Assessment and Impact
• Spread and Next Steps
• Summary and Q&A

TRANSFORMING CARE FOR CHILDREN AND FAMILIES
TRANSFORMING CARE FOR CHILDREN AND FAMILIES AT NYU LANGONE MEDICAL CENTER

CHILDREN’S HEALTH AT NYULMC AT-A-GLANCE

PEDIATRIC HEALTHCARE FACILITIES ANNUALLY EXPERIENCE:
- 60,523 outpatient visits
- 8,300 inpatient discharges
- 5,410 emergency room discharges
- 388 neonatal and pediatric transports
- 2,288 ICARE visits at NYU Hospital for Joint Diseases

DEDICATED FACULTY AND STAFF INCLUDE:
- 106 full time pediatricians and pediatric subspecialists
- Teams of nurses, social workers, child life specialists, palliative care and pain management experts, and nutritionists inpatient and outpatient

DEDICATED PEDIATRIC FACILITIES (NOT INCLUDING BELLEVUE):

**Tisch Hospital**
- 32 Medical—Surgical Acute Care Beds
- 12 PICU beds
- 29 NICU beds
- 8 Cardiovascular Care Unit beds

**HJD**
- Orthopedic Surgery Unit- 13 beds
- Rusk Rehabilitation Unit- 16 beds
CASE PRESENTATION AND DISCUSSION

• Presenters will share details of our sentinel case and analyze for missed opportunities for detection and prevention.
**NATIONAL CALL TO ACTION**

**Epidemic of Violence against Health Care Workers Plagues Hospitals**

- Healthcare workers experience the highest rates (5x) of nonfatal workplace violence as compared to other professions

- Who is at risk?

- What are the costs?

- Why we were not alone in our improvement journey?

**Addressing Violence in the Health Care Workplace**

Emergency nurses are frequently victims of violence, but often fail to report it.

**COMMITMENT TO A CULTURE OF PARTNERSHIP**
SHARED PERSPECTIVES

Patients and Families

Leaders, Clinicians and Staff
Your Child’s Road to Healing

You know your child best. We deeply respect your knowledge. We are here to listen to your concerns and answer your questions.

Our Principles of Partnership

- We welcome you on Rounds and Change of Shift.
- We know you have important information to share.
- We value your questions and concerns.
- We partner with you in your child’s safe care.
- At discharge, we want you to feel confident and ready.

We will introduce each member of our team.
SAFETY TOOLS DESIGNED BY CLINICIANS AND FAMILIES

Before After: Mirror Image guide. Clear tips to partner for safe care

COMMITMENT TO SUPPORT PARTNERSHIP

• In Assessment
• In Training
• In the Design of Tools and Resources
• In Moments of Care Delivery
ENGAGING FAMILIES AS PARTNERS IN CRISIS PREVENTION EDUCATION

GIVEN THE CHALLENGES, WE ENGAGED HIGH-LEVEL TOOLS & APPROACHES

- Team-based learning with patient and family partners
- Systems-level interventions
- High-fidelity simulation
- Mirrored patient, family, and staff tools & concepts
OUR PROMISE TO WORK WITH PATIENTS AND FAMILIES AS PART OF THE TEAM

Design as a Team

Learn as a Team

Work as a Team

Improve as a Team

WE KNEW CHECKLISTS & PROTOCOLS WEREN'T GOING TO BE ENOUGH

THE CHECKLIST MANIFESTO

HOW TO GET THINGS RIGHT

ATUL GAWANDE
WE CREATED HIGH-FIDELITY SIMULATIONS WITH FAMILY PARTNERS

AN EXAMPLE OF SIMULATION CENTER LEARNING

- Simulation center video
**DISTRESS: THE 6TH VITAL SIGN**

- **Distress** is a multifactorial, unpleasant, emotional experience of a psychological, social &/or spiritual nature that may interfere with one’s ability to cope effectively.

- A **crisis** overwhelms the local resources and has the potential to impact issues related to safety.

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**THE DISTRESS THERMOMETER**

- CRISIS
- ESCALATION
- EARLY CUES
- COPING WELL
SAMPLE FAMILY DISTRESS THERMOMETER

![Thermometer Image]

WE DESIGNED A PHASED TRAINING IN CRISIS PREVENTION & RESPONSE

- **Phase 1:** Standing in the Shoes: Foundations in Family-Centered Care & Prevention

- **Phase 2:** The Distress Thermometer: Identifying early signs of distress & knowing how to respond

- **Phase 3:** The De-escalation Toolkit

- **Phase 4:** Team-Based Response to Prevent Crisis

- **Phase 5:** Team-Based Coaching & PICU Application of Knowledge & Skills
CRISIS PREVENTION TRAINING IN ACTION

APPLICATION OF KNOWLEDGE & SKILLS IN THE PICU

- Anchoring back to core training goals
- The “D” Word & assumptions about families
- De-escalation/defusion techniques
- CUS and Huddle
- Roles and Resources
- Crisis Prevention Protocol
GOALS OF THE TRAINING

• To effectively communicate and partner with families to recognize early cues of distress and determine how best to intervene

• To use patient and family-centered de-escalation strategies when stress levels are high

• To implement team-based responses to prevent crisis

THE “D” WORD

Difficult vs. Distressed
**Calm**

**Control**

**DEFUSE**

**Communication**

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**WHEN SHOULD I CUS?**

**I am CONCERNED!**
**I am UNCOMFORTABLE!**
**This is a SAFETY ISSUE!**

"Stop the Line"

TeamSTEPPS 2.0 : Core Curriculum, March 2014, Agency for Healthcare Research and Quality, Rockville, MD.
WHEN SHOULD WE HUDDLE?

- Was a CUS initiated?
- Huddles can happen at anytime
- Make sure all members of the team are present
- Keep it brief!

HUDDLE CHECKLIST

- Ask for ASSISTANCE
- DESCRIBE the situation & safety concern
- Identify a team LEADER
- Assign team ROLES
- Set GOALS for safety & resolution
- ENGAGE patients and families
**Crisis Team Roles**

- **Team Leader**
  - Speaker / Defuses / Cues & Directs → Goal

- **Family Liaison**
  - Partnership & Support

- **Medical Care**
  - Monitoring & Intervention

- **Traffic Control**
  - Service Coordination & Environmental Safety

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**Crisis Prevention Protocol**

- **You see a cue**
  - Notify charge nurse
  - Notify attending

- **Crisis Huddle**
  - Leadership Huddle
  - SW, Security & Psych
  - GOAL = Safety 360°
  - Engage Patient & Family

- **Unit Huddle**
  - Describe situation
  - Identify Leader
  - Assign Roles
  - Set Goals
  - Ask for Assistance
  - Engage Patient & Family

- **Debrief Huddle**
  - Review situation
  - What went well?
  - What to improve?
  - Engage Patients & Families

- **Daily Safety Huddle**
  - Address new or ongoing challenges
  - Establish time to review outcomes of events
  - Refine protocols
  - Provide coaching & education
  - Engage Patients & Families

**Goal met?**
Crisis Prevention Program
Assessment & Impact

Multi-Tiered Surveys & Data Collection

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<thead>
<tr>
<th>Domains</th>
<th>Measures</th>
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<tbody>
<tr>
<td>Quality and Safety</td>
<td>Patient Safety Intelligence (UHC) - Communication/Care Coordination &amp; Behavioral Health Domains</td>
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<tr>
<td>Adverse Events (non-medical)</td>
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<td>Security Calls</td>
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<td>Employee Injuries</td>
<td>Employee Occupational Injury Illness Reports</td>
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<tr>
<td>Family-Centered Processes of Care</td>
<td>Measure of Processes of Care (Provider &amp; Family Version)</td>
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<td>Patient and Staff Experience</td>
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<td>Press Ganey Patient Satisfaction Survey</td>
<td>Emotional Needs, Staff Sensitivity</td>
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<td>Employee Engagement</td>
<td>Great Place to Work Survey</td>
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<td>Unit Culture/Climate</td>
<td>Texas Christian University - Survey of Organizational Functioning (TCU-SOF)</td>
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<td>Education</td>
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<td>Training participant satisfaction</td>
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<td>Learning outcomes</td>
<td>Knowledge-skill-attitude survey</td>
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<td>Application of skills &amp; tools</td>
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Speakers will present pre- & post-intervention assessments

• Patient Safety Intelligence Database
• Staff Satisfaction with Training
• Learning Outcomes & Application
• Press Ganey Patient Satisfaction Trends

Spread and next steps
SPREAD: VIDEO-BASED EDUCATION

Be Calm and Carry on: Watch the Medical Center’s New Series of Videos on Handling Workplace Conflicts

Crisis prevention video-based education was distributed to all medical center employees.

Within week one of release,
- 3,756 employees had opened the email message with links to the videos
- 2,560 total video views as follows:
  - Front Desk: 927
  - Clinical: 568
  - Basic Science Research: 400
  - Corporate Services: 360
  - Clinical Research: 305

NEXT STEPS

- Child and family stress screening & response protocol
- Children’s hospital-wide crisis prevention training
SUMMARY & Q/A

- Factors critical to success
- Challenges in implementation & spread
- Exciting new frontiers
- Opportunities for collaboration

Thank you